

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101595204	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51							
2	1	1				52							
3	2					53							
4	2					54							
5	8					55							
6	1	1				56							
7	1					57							
8	1					58							
9	1					59							
10	1					60							
11	1					61							
12	1					62							
13	1					63							
14	1					64							
15	1					65							
16	1					66							
17	1					67							
18	1					68							
19	1					69							
20	1					70							
21	1					71							
22	1					72							
23	1					73							
24	1					74							
25	1					75							
26	1					76							
27	1					77							
28	1					78							
29	1					79							
30	1					80							
31	1	1	1			81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3		3										
TOTAL DEP.	29	←	27	←									
TOTAL CLAIMS	32		30										